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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)	Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	Chapter 13	☐ Check if this an amended filing

## Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).	Paul First name  G Middle name	First name  Middle name
	Bring your picture identification to your meeting with the trustee.	Wells Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years		
	Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-3941	

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Case number (if known)

Debtor 1 Paul G Wells

		About Debtor 1:		About Debtor 2 (Spouse Only in a Joint Case):		
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years		■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.			
	Include trade names and doing business as names	Business name(s)	-	Business name(s)		
		EINs		EINs		
5.	Where you live	COO Careth Carrier Da		f Debtor 2 lives at a different address:		
		603 Southtowne Dr. Belvidere, IL 61008				
		Number, Street, City, State & ZIP Code	Ī	Number, Street, City, State & ZIP Code		
		Boone				
		County	-	County		
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	j	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.		
		Number, P.O. Box, Street, City, State & ZIP Code	<u>-</u>	Number, P.O. Box, Street, City, State & ZIP Code		
6.	Why you are choosing this district to file for	Check one:		Check one:		
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.		Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.		
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)		
			_			

Page 3 of 50 Document Case number (if known) Debtor 1 Paul G Wells Part 2: Tell the Court About Your Bankruptcy Case Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under ☐ Chapter 7 ☐ Chapter 11 ☐ Chapter 12 Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for No. bankruptcy within the last 8 years? ☐ Yes. District When Case number When District Case number When District Case number 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is ☐ Yes. not filing this case with you, or by a business partner, or by an affiliate? Debtor Relationship to you When Case number, if known District Debtor Relationship to you When District Case number, if known 11. Do you rent your Go to line 12.

No.

☐ Yes.

No. Go to line 12.

bankruptcy petition.

Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?

Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this

residence?

Document Page 4 of 50 Case number (if known) Debtor 1 Paul G Wells Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is alleged to pose a threat ☐ Yes. of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs immediate attention? needed, why is it needed?

Number, Street, City, State & Zip Code

Where is the property?

For example, do you own perishable goods, or livestock that must be fed,

or a building that needs urgent repairs?

Debtor 1 Paul G Wells Document Page 5 of 50 Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

#### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Document Page 6 of 50 Case number (if known) Debtor 1 Paul G Wells Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses ☐ Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses □ No are paid that funds will □ Yes be available for distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** 19. How much do you **\$0 - \$50,000** □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? **\$100,001 - \$500,000** □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,000,001 - \$500 million ■ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Paul G Wells Signature of Debtor 2 Paul G Wells Signature of Debtor 1 Executed on November 6, 2017 Executed on

MM / DD / YYYY

MM / DD / YYYY

Debtor 1 Paul G Wells

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Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Richard Owen Ainsworth	Date	November 6, 2017
Signature of Attorney for Debtor		MM / DD / YYYY
Richard Owen Ainsworth 6294644		
Printed name		
American Law Firm		
Firm name		
475 Executive Parkway		
Rockford, IL 61107		
Number, Street, City, State & ZIP Code		
Contact phone <b>815-397-2006</b>	Email address	oainsworth@thecrosbylawfirm.com
6294644		
Bar number & State		

		Docume	ent Page 8 of 50		
Fill in this infor	mation to identify your	case:			
Debtor 1	Paul G Wells				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case number					
(if known)				☐ Check if this is	an
				amended filing	1

## Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

			assets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	66,140.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	107,318.81
	1c. Copy line 63, Total of all property on Schedule A/B	\$	173,458.81
Pai	t 2: Summarize Your Liabilities		
			iabilities nt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	63,573.47
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	49,603.56
	Your total liabilities	\$	113,177.03
Pai	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	3,925.64
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	3,659.25
Pai	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other so	chedules.
7.	■ Yes What kind of debt do you have?		

the court with your other schedules.

Official Form 106Sum

Summary of Yo

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

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8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form	l
	122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14.	l

7,640.82

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	0.00

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Fill	in this info	rmation to identify	your case and t	this filing	:					
Deb	otor 1	Paul G Wells First Name	Midd	dle Name		Last Name				
	otor 2	First Name		dle Name		Last Name				
		Contractor Court for	ha. NODTUE	DNI DISTE	RICT OF ILLIN	IOIS				
Unii	ied States E	Bankruptcy Court for t	ine. NORTHE	KIN DISTI	CICT OF ILLIN	VOIS				
Cas	se number					-		С	Check if amende	f this is an
SC n eachink	chedu	Be as complete and a ore space is needed, a	scribe items. List ccurate as possil	ble. If two	married people	n asset fits in more than one c e are filing together, both are ed e top of any additional pages, v	qually responsibl	e for supp	olying correc	t
Part	Describ	e Each Residence, Bu	ilding, Land, or C	Other Real	Estate You Ow	n or Have an Interest In				
. Do	o you own o	r have any legal or equ	itable interest in	any reside	ence, building,	land, or similar property?				
	No. Go to P	art 2.								
1.1	Yes. Where	e is the property?		What	is the property	? Check all that apply				
	603 Sou	thtowne Dr.		_	Single-family h	***	Do not deduct sec	cured clain	ns or exemption	ons Put
	Street addres	s, if available, or other desc	ription		Duplex or mult		the amount of any Creditors Who Ha	secured of	claims on <i>Śch</i>	edule D:
	Belvider	e IL	61008-0000		Manufactured Land	or mobile home	Current value of entire property?		Current value	
	City	State	ZIP Code		Investment pro	pperty	\$66,14	0.00	\$6	6,140.00
				□ □ Who I	Timeshare Other nas an interest Debtor 1 only	in the property? Check one	Describe the nat (such as fee sim a life estate), if k	ple, tenan		
	Boone				Debtor 2 only	-				
	County				Debtor 1 and [	Debtor 2 only	— Chack if this	io oomm	unity proper	41.
					At least one of	the debtors and another	(see instruction		unity proper	īу
					information yo	ou wish to add about this item, on number:	such as local			

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for

pages you have attached for Part 1. Write that number here......

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

\$66,140.00

Document Page 11 of 50 Case number (if known) Debtor 1 **Paul G Wells** 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No Yes Do not deduct secured claims or exemptions. Put Volvo Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: XC90 Creditors Who Have Claims Secured by Property. Model: Debtor 1 only 2004 Year: Debtor 2 only Current value of the Current value of the 178000 Approximate mileage: Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another Value from Edmunds \$4,500.00 \$4,500.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$4,500.00 pages you have attached for Part 2. Write that number here...... Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No Yes. Describe..... Furniture and Household Items \$1,200.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No Yes. Describe..... (1) TV, HP Desktop and Laptop, Sony Camera \$1,250.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... Examples: Pistols, rifles, shotguns, ammunition, and related equipment Nο

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De	ebtor 1	Paul G Wells		Document	Page 12 of 50  Case number (if known)	
	☐ Yes.	Describe				
	□ No	s  bles: Everyday clothes, for  Describe	urs, leather coats	s, designer wear, shoes	, accessories	
		Ever	yday clothing			\$75.00
	■ No □ Yes.  Non-fa Examp			engagement rings, wed	ding rings, heirloom jewelry, watches, gems, ç	gold, silver
	■ No □ Yes.	Describe				
	■ No	her personal and house	•	ı did not already list, i	ncluding any health aids you did not list	
15		the dollar value of all of art 3. Write that number			ny entries for pages you have attached	\$2,525.00
Pa	rt 4: De	scribe Your Financial Ass	ets			
		vn or have any legal or		est in any of the follow	ring?	Current value of the portion you own? Do not deduct secured claims or exemptions.
	■ No	oles: Money you have in			osit box, and on hand when you file your petiti	on
	Exam <sub>l</sub>			I accounts; certificates on ounts with the same ins	of deposit; shares in credit unions, brokerage l titution, list each.	nouses, and other similar
	□ No ■ Yes			Institution r	name:	
		17.1	Checking	US Bank	Acct No. xxxxxxxx 1390	\$493.81
18.	Exam	, mutual funds, or publoles: Bond funds, investn			ney market accounts	
	■ No □ Yes		Institution or is	suer name:		
	joint v	ublicly traded stock and venture	d interests in in	corporated and uninc	orporated businesses, including an interes	et in an LLC, partnership, and
	■ No □ Yes.	Give specific information	n about them			
		N	ame of entity:		% of ownership:	
	Negoti Non-n ■ No	egotiable instruments are	e personal check e those you canr	s, cashiers' checks, pro	egotiable instruments missory notes, and money orders. by signing or delivering them.	
		Give specific information n 106A/B	about them	Schedule A/B: I	Property	page 3
	011			30340.740.1	- r - 1 7	page (

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De	ebtor 1	Paul G Wells		Document	Case number (if known)	
		Issue	er name:			
21.		ment or pension accounts oles: Interests in IRA, ERIS		1(k), 403(b), thrift saving	s accounts, or other pension or profit-sharing	plans
		List each account separate Type of	ly. f account:	Institution r	name:	
		401(k)	ı	Fidelity P	lan No. xxx40	\$77,800.00
		Pensi	on	Fidelity A	cct "Frozen" from Indigo	\$22,000.00
22.	Your s		you have ma		tinue service or use from a company ctric, gas, water), telecommunications compar	nies, or others
	■ No □ Yes.			Institution r	name or individual:	
23.		ies (A contract for a periodi	ic payment of	f money to you, either fo	r life or for a number of years)	
	■ No □ Yes	lssuer name	and descript	tion.		
24.	26 U.S.0 ■ No	C. §§ 530(b)(1), 529A(b), a	nd 529(b)(1).		ogram, or under a qualified state tuition pro	
25	☐ Yes				ng listed in line 1), and rights or powers exe	
20.	■ No	Give specific information a		, (0	g,, g p	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
26.	Patents	s, copyrights, trademarks	, trade secre			
	■ No	oles: Internet domain names Give specific information a	, ,,	proceeds from royalties a	and licensing agreements	
27.		es, franchises, and other bles: Building permits, exclu			n holdings, liquor licenses, professional licens	es
		Give specific information a	bout them			
M	oney or <sub>l</sub>	property owed to you?				Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	■ No	funds owed to you  Give specific information al	oout them, in	cluding whether you alre	ady filed the returns and the tax years	
			,	<b>3 3</b>	,	
29.		support ples: Past due or lump sum	alimony, spo	usal support, child supp	ort, maintenance, divorce settlement, property	settlement
	☐ Yes.	Give specific information				
30.		amounts someone owes yoles: Unpaid wages, disabili benefits; unpaid loans	ty insurance		efits, sick pay, vacation pay, workers' compe	nsation, Social Security
		Give specific information				

Debtor 1	Paul G Wells	Document	Page 14 of 50 Case number (if known)	
	ests in insurance polic			
<i>Exai</i> □ No	mples: Health, disability,	or life insurance; health savings account	(HSA); credit, homeowner's, or renter's insurar	nce
	s. Name the insurance of	company of each policy and list its value.		
		Company name:	Beneficiary:	Surrender or refund value:
		Term Life Insurance through HP: \$174,000	Adam Wells 50% and Alec Wells 50%	\$0.00
If yo		at is due you from someone who has di a living trust, expect proceeds from a life in	ed nsurance policy, or are currently entitled to rec	eive property because
	s. Give specific informa	tion		
Exai ■ No		s, whether or not you have filed a lawsu yment disputes, insurance claims, or right		
■ No	r contingent and unliq	•	ng counterclaims of the debtor and rights to	o set off claims
35. <b>Any</b> 1	financial assets you di	d not already list		
☐ Ye	s. Give specific informa	tion		
		of your entries from Part 4, including a	any entries for pages you have attached	\$100,293.81
Part 5:	Describe Any Business-Ro	elated Property You Own or Have an Interest	In. List any real estate in Part 1.	
		r equitable interest in any business-related	property?	
_	Go to Part 6. Go to line 38.			
		ommercial Fishing-Related Property You Ov st in farmland, list it in Part 1.	vn or Have an Interest In.	
	ou own or have any leg	gal or equitable interest in any farm- or	commercial fishing-related property?	
	es. Go to line 47.			
Part 7:	Describe All Property	You Own or Have an Interest in That You Di	id Not List Above	
	mples: Season tickets, c	of any kind you did not already list? ountry club membership		
☐ Ye	s. Give specific informat	ion		
54. <b>Ad</b>	d the dollar value of all	of your entries from Part 7. Write that	number here	\$0.00

Official Form 106A/B Schedule A/B: Property page 5

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Case number (if known)

Document Debtor 1 **Paul G Wells** 

Part	8: List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2			\$66,140.00
56.	Part 2: Total vehicles, line 5	\$4,500.00		
57.	Part 3: Total personal and household items, line 15	\$2,525.00		
58.	Part 4: Total financial assets, line 36	\$100,293.81		
59.	Part 5: Total business-related property, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54 +	\$0.00		
62.	Total personal property. Add lines 56 through 61	\$107,318.81	Copy personal property total	\$107,318.81
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$173,458.81

Official Form 106A/B Schedule A/B: Property page 6

		17(7(4)1111)		
Fill in this infor	mation to identify your	case:		
Debtor 1	Paul G Wells			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				☐ Check if this is
				amended filing

## Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1:	Identify	the Pro	perty You	u Claim a	s Exempt
---------	----------	---------	-----------	-----------	----------

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Current value of the portion you own	Amount of the exemption you claim		Specific laws that allow exemption	
Copy the value from Schedule A/B	Che	eck only one box for each exemption.		
\$66,140.00	•	\$15,000.00	735 ILCS 5/12-901	
		100% of fair market value, up to any applicable statutory limit		
\$4,500.00		\$2,400.00	735 ILCS 5/12-1001(c)	
		100% of fair market value, up to any applicable statutory limit		
\$1,200.00		\$1,200.00	735 ILCS 5/12-1001(b)	
		100% of fair market value, up to any applicable statutory limit		
\$1,250.00		\$1,250.00	735 ILCS 5/12-1001(b)	
		100% of fair market value, up to any applicable statutory limit		
\$75.00		\$75.00	735 ILCS 5/12-1001(a)	
		100% of fair market value, up to		
	\$4,500.00 \$1,250.00	\$4,500.00 \$1,250.00 \$75.00 \$75.00	Check only one box for each exemption.  Schedule A/B  \$66,140.00  \$15,000.00  100% of fair market value, up to any applicable statutory limit  \$1,200.00  \$1,200.00  \$1,200.00  \$1,200.00  \$1,200.00  \$1,250.00  \$1,250.00  \$1,250.00  \$1,250.00  \$1,250.00  \$1,250.00  \$1,250.00  \$1,250.00  \$1,250.00  \$1,250.00  \$1,250.00  \$1,250.00  \$1,250.00	

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Case number (if known)

	I au O Weiis					
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption	
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.		
	Checking: US Bank Acct No.	\$493.81		\$493.81	735 ILCS 5/12-1001(b)	
	Line from Schedule A/B: 17.1			100% of fair market value, up to any applicable statutory limit		
	401(k): Fidelity Plan No. xxx40 Line from Schedule A/B: 21.1	\$77,800.00		\$77,800.00	735 ILCS 5/12-1006	
	Line Holli Schedule PAB. 21.1			100% of fair market value, up to any applicable statutory limit		
	Pension: Fidelity Acct "Frozen" from Indigo	\$22,000.00		\$22,000.00	735 ILCS 5/12-1006	
	Line from Schedule A/B: 21.2			100% of fair market value, up to any applicable statutory limit		
	Term Life Insurance through HP: \$174,000	\$0.00		\$0.00	735 ILCS 5/12-1001(h)(3)	
	Beneficiary: Adam Wells 50% and Alec Wells 50%			100% of fair market value, up to any applicable statutory limit		
	Line from Schedule A/B: 31.1					
3.	Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every  ■ No			led on or after the date of adjustmen	nt.)	
	Yes. Did you acquire the property cover	ed by the exemption w	ithin 1	,215 days before you filed this case	?	
	□ No					
	☐ Yes					

		Document	Page 1	8 of 50		
Fill in this inform	nation to identify you	ır case:				
Debtor 1	Paul G Wells					
Deptor 1	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name			
		NODTHERN DIOTRICT OF ILL	INIOIO			
United States Bai	nkruptcy Court for the:	NORTHERN DISTRICT OF ILL	INOIS			
Case number						
(if known)					□ Check	if this is an
					_	ed filing
			-			3
Official Form	n 106D					
		Who Have Claims	Sacura	d by Proporty	.,	40/45
Scriedule	D. Creditors	WIID Have Claims	<u>Secure</u>	u by Propert	<u>y                                    </u>	12/15
Be as complete and	d accurate as possible.	If two married people are filing togethe	er, both are e	qually responsible for su	pplying correct information	ion. If more space
	Additional Page, fill it	out, number the entries, and attach it t	to this form.	On the top of any addition	nal pages, write your nai	ne and case
number (if known).		. •				
1. Do any creditors	have claims secured by	y your property?				
☐ No. Check	this box and submit the	his form to the court with your other	schedules. \	You have nothing else t	o report on this form.	
Yes. Fill in	all of the information	below.				
Part 1: List A	II Secured Claims					
				Column A	Column B	Column C
		more than one secured claim, list the crees a particular claim, list the other creditors		Amount of claim	Value of collateral	Unsecured
		cal order according to the creditor's name		Do not deduct the	that supports this	portion
				value of collateral.	claim	If any
2.1 A&T Auto		Describe the property that secures t		\$4,900.00	\$4,500.00	\$400.00
Creditor's Name	9	2004 Volvo XC90 178000 mil	es			
		Value from Edmunds				
002 Kiehu	vaukaa Ct	As of the date you file, the claim is:	Check all that			
Rockford,	vaukee St.	apply.				
		☐ Contingent				
Number, Street	, City, State & Zip Code	Unliquidated				
<b>VA</b> //	L10 01 1	☐ Disputed				
Who owes the de	ept? Check one.	Nature of lien. Check all that apply.				
Debtor 1 only		An agreement you made (such as r car loan)	nortgage or se	ecured		
Debtor 2 only						
Debtor 1 and De	ebtor 2 only	☐ Statutory lien (such as tax lien, med	chanic's lien)			
	he debtors and another	☐ Judgment lien from a lawsuit				
☐ Check if this cl		Other (including a right to offset)	Automobi	le		
community de	bt	-				
Date debt was inci	urred	Last 4 digits of account number	ber			
2.2 US Bank I	Home Mortgage	Describe the property that secures t	he claim:	\$58,673.47	\$66,140.00	\$0.00
Creditor's Name		603 Southtowne Dr. Belvider		Ψοσ,στοι-τι	Ψοσ,140.00	Ψ0.00
		61008 Boone County	ie, ie			
Attn: Ban	kruptcv					
PO Box 5		As of the date you file, the claim is: apply.	Check all that			
Cincinnat	i, OH 45201	☐ Contingent				
Number, Street	, City, State & Zip Code	☐ Unliquidated				
, , , , , , , , , , , , , , , , , , , ,	, , ,	☐ Disputed				
Who owes the de	bt? Check one.	Nature of lien. Check all that apply.				
Debtor 1 only		☐ An agreement you made (such as r	mortgage or so	ecured		
,		car loan)	nortgage or st	courca		
Debtor 2 only	shtor O only	Challeton Beer (excels to the	ahani-l- !' '			
Debtor 1 and De	•	Statutory lien (such as tax lien, med	manic's lien)			
_	he debtors and another	Judgment lien from a lawsuit	Morteses			
☐ Check if this cl community de		Other (including a right to offset)	Mortgage			
community de	~					
Date debt was inci	urred 07/2009	Last 4 digits of account numb	ber <b>8668</b>			

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Debtor 1	Paul G Wells	Case number (if know)	

First Name Middle Name Last Name

Add the dollar value of your entries in Column A on this page. Write that number here: \$63,573.47

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here: \$63,573.47

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

No. You have nothing to report in this part. Submit this form to the court with your other schedules.    Yes.				Document	Page 20	0 of 50	
PER Name   Middle Name   Last Name	Filli	n this inforn	nation to identify your	case:			
PER Name   Middle Name   Last Name	Debt	or 1	Paul G Wells				
Spaces #, Bland   First Name   Middle Name   Last Na				Middle Name	Last Name		
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS  Case number   Interview   Inter							
Case number   Check if this is an amended filing   Check if this is an amended filing    Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims   12/15    Schedule E/F: Creditors Who Have spossible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to ry executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule AB: Property (Official Form 106A/B) and on chedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Party on used, lill tout, number the entries in the boxes on the fit. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your ame and case number off known).  Part 1: List All of Your PRIORITY Unsecured Claims  1. Do any creditors have priority unsecured claims against you?  No. You have nothing to report in this part. Submit this form to the court with your other schedules.  Yes.  4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. It a creditor has more than one nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. It a creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims list of claim in the claims in the alphabetical order of the creditor who holds each claim. It a cred	(Spous	se if, filing)	First Name	Middle Name	Last Name		
Check if this is an amended filling  Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims  as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to reveal to the continuation of the continuation of the continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your amend can enumber (if known).  The page 1 is used that of Your PRIORITY Unsecured Claims  Do any creditors have priority unsecured claims against you?  No. Got Part 2.  Yes.  List All of Your NONPRIORITY Unsecured Claims against you?  No. You have nothing to report in this part. Submit this form to the court with your other schedules.  Yes.  List All of Your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim, its decredion separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the orderior separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the orderior separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the orderior separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list	Unite	ed States Ba	nkruptcy Court for the:	NORTHERN DISTRICT OF I	LLINOIS		
Check if this is an amended filling  Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims  as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to reveal to the continuation of the continuation of the continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your amend can enumber (if known).  The page 1 is used that of Your PRIORITY Unsecured Claims  Do any creditors have priority unsecured claims against you?  No. Got Part 2.  Yes.  List All of Your NONPRIORITY Unsecured Claims against you?  No. You have nothing to report in this part. Submit this form to the court with your other schedules.  Yes.  List All of Your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim, its decredion separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the orderior separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the orderior separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the orderior separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list	_						
Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims  12/15  a as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to receive the party of the property (Official Form 106AD) and on chedule of: Executory Contracts and Unexpired Leases (Official Form 106AD). Do not include any creditors with partially secured claims that are listed in the state of the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your ame and case number (if known).  2011 1: List All of Your PRIORITY Unsecured Claims  No. Go to Part 2.  Yes.  1. List All of Your NONPRIORITY Unsecured claims against you?  No. Go to Part 2.  Yes.  2. List all of Your NONPRIORITY Unsecured Claims against you?  No. You have nothing to report in this part. Submit this form to the court with your other schedules.  2. Yes.  4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims afready included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.  4.1 Capital One  Nompriority Creditor's Name  Attn: Bankruptcy  Po Box 30253  Salt Lake City, UT 84130  Number Sirrect (ity State Zip Code  Who incurred the debtor 2 only    Debtor 1 only		_				,	Chook if this is an
Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims  as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to recording the protection of the process of the	(11 1410)					'	
Schedule E/F: Creditors Who Have Unsecured Claims  as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to recently operation of the party of the part							amenaea ming
as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPEICRITY claims. List the other part to revenutory contracts or schedules. Property (Official Form 1969) and on other due of Executory Contracts and Unexpired Leases (Official Form 1960). Do not include any creditors with partially secured claims that are listed in chedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, file of the continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your amend case number (if known).  Part 1: List All of Your PRIORITY Unsecured Claims  1. Do any creditors have priority unsecured claims against you?  No. Go to Part 2.  Yes.  1. List All of Your NONPRIORITY Unsecured Claims against you?  No. You have nothing to report in this part. Submit this form to the court with your other schedules.  Yes.  2. List All of Your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the order creditors spaceally for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.  2. Capital One  Nonpriority Creditors Name  Attn: Bankruptcy Po Box 30253  Salt Lake City, UT 84130  Number Street City State Zip Code Who incurred the debtor 2 only Debtor 1 only Contingent Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 on Debtor 2 only Debtor	Offic	cial Forn	n 106E/F				
as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPEICRITY claims. List the other part to revenutory contracts or schedules. Property (Official Form 1969) and on other due of Executory Contracts and Unexpired Leases (Official Form 1960). Do not include any creditors with partially secured claims that are listed in chedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, file of the continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your amend case number (if known).  Part 1: List All of Your PRIORITY Unsecured Claims  1. Do any creditors have priority unsecured claims against you?  No. Go to Part 2.  Yes.  1. List All of Your NONPRIORITY Unsecured Claims against you?  No. You have nothing to report in this part. Submit this form to the court with your other schedules.  Yes.  2. List All of Your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the order creditors spaceally for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.  2. Capital One  Nonpriority Creditors Name  Attn: Bankruptcy Po Box 30253  Salt Lake City, UT 84130  Number Street City State Zip Code Who incurred the debtor 2 only Debtor 1 only Contingent Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 on Debtor 2 only Debtor	Sch	edule E	/F: Creditors W	ho Have Unsecured	d Claims		12/15
1. Do any creditors have priority unsecured claims against you?  No. Go to Part 2.  Yes.  Do any creditors have nonpriority unsecured claims against you?  No. You have nothing to report in this part. Submit this form to the court with your other schedules.  Yes.  List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than the nonpriority unsecured claims fill out the Continuation Page of Part 2.  Capital One Attn: Bankruptcy Po Box 30253 Salt Lake City, UT 84130 Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Contingent At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset?  No Debtor 1 only Contingent Student bank Student bank Check if this claim is for a community debt is the claim subject to offset? Debtor 1 onfyser Check one.  Subject to offset? Debtor 1 onfyser Check if this claim is for a community debt is the claim subject to offset? Debtor 1 onfyser Check if this claim is for a community debt is the claim subject to offset? Debtor 1 onfyser Check if this claim is for a community debt is the claim subject to offset? Debtor 1 onfyser Check if this claim is for a community debt is the claim subject to offset? Debtor 1 onfyser Check if this claim is for a community debt is the claim subject to offset? Debtor 1 onfyser Check if this claim is for a community claims Debtor 1 onfyser Check if this claim is for a community claims Debtor 1 onfyser Check if this claim is for a community claims Debtor 1 onfyser Check if this claim is for a community claims Debtor 1 onfyser Check if this claim is for a community claims Debtor 1 onfyser Check if this claim i	ny ex Sched Sched eft. At	tecutory cont lule G: Execu lule D: Credit ttach the Con and case nur	racts or unexpired leases tory Contracts and Unexp ors Who Have Claims Sec tinuation Page to this pag nber (if known).	that could result in a claim. Also bired Leases (Official Form 106G). sured by Property. If more space is ge. If you have no information to re	list executory of Do not include s needed, copy	ontracts on Schedule A/B: Property ( any creditors with partially secured cl the Part you need, fill it out, number th	Official Form 106A/B) and on laims that are listed in ne entries in the boxes on the
No. Go to Part 2.  Yes.  Part 2: List All of Your NONPRIORITY Unsecured Claims  3. Do any creditors have nonpriority unsecured claims against you?  No. You have nothing to report in this part. Submit this form to the court with your other schedules.  Yes.  4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.  Capital One Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30253 Salt Lake City, UT 84130 Number Street City, UT 84130 Number Street City, State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only No lobetor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Debtor 1 onfset? Debtor 2 only Debtor 3 onfset Report Student Dans Debtor 4 onfset? Debtor 4 onfset? Debtor 5 onfset? Debtor 6 onfset? Debtor 9 onfset Report 1 onfset Report 1 onfset Report 1 on Polistation 2 on Polistation 2 on Polistation 3 on Polistation 4 on Pol	Part	1: List A	II of Your PRIORITY Ur	secured Claims			
Part 2: List All of Your NONPRIORITY Unsecured Claims  3. Do any creditors have nonpriority unsecured claims against you?  No. You have nothing to report in this part. Submit this form to the court with your other schedules.  Yes.  4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than the renorpriority unsecured claims fill out the Continuation Page of the Creditor shamper of the Creditor sh		•	• •	d claims against you?			
List All of Your NONPRIORITY Unsecured Claims against you?   No. You have nothing to report in this part. Submit this form to the court with your other schedules.   Yes.		No. Go to P	art 2.				
Do any creditors have nonpriority unsecured claims against you?    No. You have nothing to report in this part. Submit this form to the court with your other schedules.   Yes.		Yes.					
No. You have nothing to report in this part. Submit this form to the court with your other schedules.    Yes.	Part	2: List A	II of Your NONPRIORIT	Y Unsecured Claims			
List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.    Total claim	3. D	o any credito	ors have nonpriority unse	cured claims against you?			
List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.    Total claim		J No. You hav	ve nothing to report in this p	part. Submit this form to the court with	h vour other sche	edules.	
4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.  Total claim  4.1 Capital One   Last 4 digits of account number   1670   \$3,709.00  Nonpriority Creditor's Name   Attn: Bankruptcy   Po Box 30253   Salt Lake City, UT 84130   When was the debt incurred?   5/12/17   Salt Lake City, UT 84130   As of the date you file, the claim is: Check all that apply   Who incurred the debt? Check one.  Debtor 1 only   Contingent   Disputed   D	_	_	3 , ,		,		
unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.    Total claim		Yes.					
Attn: Bankruptcy Po Box 30253 Salt Lake City, UT 84130 Number Street City State Zlp Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No  Last 4 digits of account number Depend 05/14 Last Active 5/12/17 As of the date you file, the claim is: Check all that apply  Check all that apply  \$3,709.00  \$3,709.00  \$3,709.00  \$3,709.00  \$3,709.00  \$3,709.00  \$3,709.00  \$4 Last Active 5/12/17  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply    Contingent	u th	nsecured clair nan one credit	m, list the creditor separatel	y for each claim. For each claim liste	ed, identify what t	ype of claim it is. Do not list claims alread	dy included in Part 1. If more
Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30253 Salt Lake City, UT 84130  Number Street City State Zlp Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  No  No  Opened 05/14 Last Active 5/12/17  As of the date you file, the claim is: Check all that apply  Opened 05/14 Last Active 5/12/17  As of the date you file, the claim is: Check all that apply  Opened 05/14 Last Active 5/12/17  As of the date you file, the claim is: Check all that apply  I contingent Debtor 1 only Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts							Total claim
Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30253 Salt Lake City, UT 84130  Number Street City State Zlp Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  No  No  Opened 05/14 Last Active 5/12/17  As of the date you file, the claim is: Check all that apply  Opened 05/14 Last Active 5/12/17  As of the date you file, the claim is: Check all that apply  Opened 05/14 Last Active 5/12/17  As of the date you file, the claim is: Check all that apply  I contingent Debtor 1 only Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	4.1	Capital	One	Last 4 digits of ac	count number	1670	\$3,709.00
Number Street City, UT 84130  Number Street City State Zlp Code Who incurred the debt? Check one.  ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? ■ No  When was the debt incurred?  5/12/17  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  Check if this claim is for a contingent □ Debtor 1 and Debtor 2 only □ Disputed  Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts							Ψο,1 σοίσο
Number Street City State Zlp Code Who incurred the debt? Check one.  □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt □ No □ No □ Debtor 1 onfset? □ Debtor 2 only □ Disputed □ Disputed □ Disputed □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts						•	
Number Street City State ZIp Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtors and another At least one of the debtors and another Check if this claim is for a community debt Student loans No Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Student loans Debtor 3 a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts				When was the del	bt incurred?	5/12/17	
Who incurred the debt? Check one.  □ Debtor 1 only □ Contingent □ Debtor 2 only □ Unliquidated □ Debtor 1 and Debtor 2 only □ Disputed □ At least one of the debtors and another □ Check if this claim is for a community debt □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ No □ Debts to pension or profit-sharing plans, and other similar debts				As of the date you	ı file. the claim i	s: Check all that apply	
□ Debtor 2 only □ Unliquidated □ Debtor 1 and Debtor 2 only □ Disputed □ At least one of the debtors and another □ Check if this claim is for a community debt □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ No □ Debts to pension or profit-sharing plans, and other similar debts				=	,		
□ Debtor 2 only □ Unliquidated □ Debtor 1 and Debtor 2 only □ Disputed □ At least one of the debtors and another □ Check if this claim is for a community debt □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ No □ Debts to pension or profit-sharing plans, and other similar debts		■ Debtor	1 only	☐ Contingent			
□ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt □ Is the claim subject to offset? □ No □ Disputed  Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts		_	•	_			
□ At least one of the debtors and another □ Check if this claim is for a community debt □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ No □ Debts to pension or profit-sharing plans, and other similar debts		_	•	•			
☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts			·		RITY unsecured	d claim:	
debt  Is the claim subject to offset?  In No  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  □ Debts to pension or profit-sharing plans, and other similar debts							
Is the claim subject to offset?  report as priority claims  □ Debts to pension or profit-sharing plans, and other similar debts			ii una ciaiii ia ioi a com	illullity	sing out of a sena	ration agreement or divorce that you did	not
		Is the clai	m subject to offset?			agreement and one manyou did	
☐ Yes ☐ Other Specify Credit Card Purchases		■ No		☐ Debts to pension	on or profit-sharin	g plans, and other similar debts	
		☐ Yes		Other Specify	Credit Card	Purchases	

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Debtor 1 Paul G Wells Case number (if know) 4.2 \$1,534.00 Citicards CBNA Last 4 digits of account number 4938 Nonpriority Creditor's Name Attn: Bankruptcy Opened 11/15 Last Active Po Box 790040 When was the debt incurred? 5/03/17 Saint Louis, MO 63179 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card Purchases ☐ Yes 4.3 **Creditors Protection Services** Last 4 digits of account number 2008 \$567.00 Nonpriority Creditor's Name Po Box 4115 When was the debt incurred? Opened 11/29/16 Rockford, IL 61101 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim:  $\square$  At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No Collection on behalf of Rockford ☐ Yes Other. Specify Anesthesiologists Last 4 digits of account number 4.4 **Heights Financial Corporation** 4933 \$2,237.00 Nonpriority Creditor's Name Attn: Bankruptcy When was the debt incurred? 5301 E. State St. Rockford, IL 61108 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

■ Other. Specify Small Consumer Loan

Document Page 22 of 50 Case number (if know) Debtor 1 Paul G Wells 4.5 \$11,485.00 **Members Alliance Credit Union** Last 4 digits of account number 0310 Nonpriority Creditor's Name Opened 07/16 Last Active 2550 S Alpine Rd When was the debt incurred? 5/15/17 Rockford, IL 61108 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Unsecured Loan 4.6 **Miramed Revenue Group** Last 4 digits of account number 9383 \$228.00 Nonpriority Creditor's Name 991 Oak Creek Dr When was the debt incurred? Opened 11/10/16 Lombard, IL 60148 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No Collection on behalf of Rockford Health ☐ Yes Other. Specify **Physicians** 4.7 Miramed Revenue Group Last 4 digits of account number 0105 \$111.00 Nonpriority Creditor's Name 991 Oak Creek Dr When was the debt incurred? Opened 2/25/17 Lombard, IL 60148 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim:  $\square$  At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community

debt

■ No

☐ Yes

Is the claim subject to offset?

Other. Specify Physicians

report as priority claims

 $\square$  Obligations arising out of a separation agreement or divorce that you did not

Collection on behalf of Rockford Health

☐ Debts to pension or profit-sharing plans, and other similar debts

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Debtor 1 Paul G Wells Case number (if know) 4.8 \$1,843.00 **Mutual Management Services** Last 4 digits of account number 8419 Nonpriority Creditor's Name 7177 Crimson Ridge Dr St When was the debt incurred? **Opened 06/16** Rockford, IL 61107 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts Collection on behalf of Swedish American ☐ Yes Other. Specify Hospital a division of UW Health 4.9 OneMain Last 4 digits of account number 3563 \$5,950.00 Nonpriority Creditor's Name Attn: Bankruptcy When was the debt incurred? 601 NW 2nd St. Evansville, IN 47708 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Small Consumer Loan ☐ Yes 4.1 **Reilly Law Offices** \$16.654.46 Last 4 digits of account number Nonpriority Creditor's Name c/o MembersAlliance Credit Union When was the debt incurred? 6801 Spring Creek Rd., 2D Rockford, IL 61114 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

■ Other. Specify Deficiency is owed on Disposed Collateral

Document Page 24 of 50 Debtor 1 Paul G Wells Case number (if know) 4.1 \$822.00 **Rockford Mercantile** 8341 Last 4 digits of account number Nonpriority Creditor's Name 2502 S. Alpine Rd When was the debt incurred? Opened 12/17/16 Rockford, IL 61108 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts Collection on behalf of Rockford Health ☐ Yes Other. Specify System 4.1 **Security Finance** \$522.00 1118 Last 4 digits of account number Nonpriority Creditor's Name Sfc Centralized Bankruptcy Opened 5/02/16 Last Active Po Box 1893 When was the debt incurred? 7/12/16 Spartanburg, SC 29304 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not debt report as priority claims Is the claim subject to offset? ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes **Unsecured Loan** Other. Specify 4.1 **Security Finance** 9208 \$954.00 Last 4 digits of account number Nonpriority Creditor's Name 181 Security Place When was the debt incurred? 03/2017 Spartanburg, SC 29307 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims

■ No

☐ Yes

Other. Specify

 $\square$  Debts to pension or profit-sharing plans, and other similar debts

**Unsecured Loan** 

	Ousc 17 02027	Document Dage 2	E of EO	, idiri
Debtor	1 Paul G Wells	Document Page 2	5 of 50 Case number (if know)	
4.1	Synchrony Bank/Walmart	Last 4 digits of account number	6540	\$1,488.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 956060 Orlando, FL 32896	When was the debt incurred?	Opened 06/15 Last Active 5/21/17	
	Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Credit Card	I Purchases	
4.1	US Bank	Last 4 digits of account number	1390	\$741.10
5	Nonpriority Creditor's Name Attn: Bankruptcy Dept Po Box 5229	When was the debt incurred?	Opened 07/14 Last Active 5/11/17	••••
	Cincinnati, OH 45201  Number Street City State Zlp Code	As of the date you file, the claim i	is: Chack all that apply	
	Who incurred the debt? Check one.	As of the date you me, the dam's	S. Offect all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	No	Debts to pension or profit-sharin		
	Yes	Other. Specify Reserve Lin	ne Of Credit	
4.1 6	Visa National Bank/Macy's	Last 4 digits of account number	4640	\$758.00
	Nonpriority Creditor's Name	_		
	Attn: Bankruptcy Po Box 8053	When was the debt incurred?	Opened 11/14 Last Active 5/03/17	
	Mason, OH 45040  Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		

### Part 3: List Others to Be Notified About a Debt That You Already Listed

■ Other. Specify Credit Card Purchases

 $\square$  Obligations arising out of a separation agreement or divorce that you did not

 $\square$  Debts to pension or profit-sharing plans, and other similar debts

debt

■ No

☐ Yes

report as priority claims

Is the claim subject to offset?

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

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have more than one creditor for any of the debte notified for any debts in Parts 1 or 2, do not fill of		the additional creditors here. If you do not have additional persons to be
Name and Address	On which entry in Part 1 or Part 2	2 did you list the original creditor?
MembersAlliance Credit Union	Line <b>4.10</b> of ( <i>Check one</i> ):	☐ Part 1: Creditors with Priority Unsecured Claims
7219 Walton St. Rockford, IL 61108		Part 2: Creditors with Nonpriority Unsecured Claims
,	Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part 2	2 did you list the original creditor?
Rockford Anesthesiologists Assoc.	Line 4.3 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims
Attn: Bankruptcy 2202 Harlem Rd. Loves Park, IL 61111		Part 2: Creditors with Nonpriority Unsecured Claims
201001 4111, 12 01111	Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part 2	2 did you list the original creditor?
Rockford Health Physicians	Line 4.6 of (Check one):	Part 1: Creditors with Priority Unsecured Claims
Attn: Bankruptcy 2400 N. Rockton Ave.		■ Part 2: Creditors with Nonpriority Unsecured Claims
Rockford, IL 61103	Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part 2	2 did you list the original creditor?
Rockford Health Physicians	Line 4.7 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims
Attn: Bankruptcy 2400 N. Rockton Ave.		■ Part 2: Creditors with Nonpriority Unsecured Claims
Rockford, IL 61103		
	Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part 2	2 did you list the original creditor?
Rockford Health System	Line 4.11 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims
Attn: Bankruptcy 2400 N. Rockton Ave.		■ Part 2: Creditors with Nonpriority Unsecured Claims
Rockford, IL 61103		
•	Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part 2	2 did you list the original creditor?
Swedish American	Line 4.8 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims
Attn: Bankruptcy 1401 E. State St.		■ Part 2: Creditors with Nonpriority Unsecured Claims
Rockford, IL 61104		
	Last 4 digits of account number	

## Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	<b>Other.</b> Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
				Total Claim
Total	6f.	Student loans	6f.	\$ 0.00
claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that		0.00
		you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 49,603.56
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 49,603.56

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Debtor 1 Paul G Wells

			III FAUE 70 UL DI	1
Fill in this infor	mation to identify your	case:		
Debtor 1	Paul G Wells			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				

## Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with	n whom you have the court, Street, City, State and ZIP Co	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.2					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.3	<u> </u>		- Claid		
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.4	U.Ly		0.0.0	2 0000	
2.4	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.5					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
	- Ny		Ciaio		

		Docume	ent Page 29 d	ot 50	
Fill in this	information to identify your	case:			
Debtor 1	Paul G Wells First Name	Middle Name	Last Name		
Debtor 2	r not reality	made Hamo	Zaot Hamo		
(Spouse if, fili	ng) First Name	Middle Name	Last Name		
		NODTHEDN DIOTRICT	05 11 1 1000		
United Sta	ites Bankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case num	her				
(if known)					☐ Check if this is an
					amended filing
Officia	I Form 106H				
Sched	lule H: Your Cod	lehtors			12/15
Jene	idic III. Todi ooc				12/15
1. Do No Yes  2. With Arizor		you are filing a joint case, we will be seen to be seen	do not list either spouse operty state or territo erto Rico, Texas, Wash	ry? (Community propert	ty states and territories include
in line Form out C	2 again as a codebtor only	if that person is a guaran Il Form 106E/F), or Sched	tor or cosigner. Make	sure you have listed to 06G). Use Schedule D,	g with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fill editor to whom you owe the debt es that apply:
3.1				☐ Schedule D, lin	ne
	Name			☐ Schedule E/F,	line
				☐ Schedule G, Iir	ne
-	Number Street				
	City	State	ZIP Code		
3.2	Namo			Schedule D, lin	<del></del>
	Name			☐ Schedule E/F,	
				☐ Schedule G, lir	ne
-	Number Street				
	City	State	ZIP Code		

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Fill	in this information to identify your ca	ase.				1				
	otor 1 Paul G Wells									
	otor 2  ouse, if filing)				_					
Uni	ted States Bankruptcy Court for the	: NORTHERN DISTRIC	CT OF ILLINOIS		_					
(If kr	fficial Form 106l					☐ An ☐ A s 13 i	income a	d filing ent showing as of the fol		on chapter te:
	chedule I: Your Inc	ome				MM	1 / DD/ Y	YYY		12/15
sup spo atta Par	as complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form.  The Describe Employment	are married and not filing wi	ng jointly, and your th you, do not inclu	spouse i	s liv natio	ing with yo on about y	ou, inclu our spo	ude inform use. If mo	ation abo	out your is needed,
1.	Fill in your employment information.		Debtor 1				Debtor 2	or non-fili	ng spous	se
	If you have more than one job, attach a separate page with	Employment status	■ Employed				☐ Employed			
	information about additional employers.	Occupation	☐ Not employed			L	ا Not eı	mployed		
	Include part-time, seasonal, or self-employed work.	Employer's name	Hewlett Packar	d Co						
	Occupation may include student or homemaker, if it applies.	Employer's address	19483 Prunerid Cupertino, CA		604					
		How long employed to	here? 15yrs				_			
Par	t 2: Give Details About Mor	nthly Income								
spoi	mate monthly income as of the dause unless you are separated.  u or your non-filing spouse have mo		, s	•	Í	,			,	J
-	e space, attach a separate sheet to				Ċ	.,				,
						For Debte	or 1	For Deb	tor 2 or g spouse	9
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	7,4	91.00	\$	N/	<u>A</u>
3.	Estimate and list monthly overt	ime pay.		3.	+\$		0.00	+\$	N/	<u>A</u>

7,491.00

N/A

Calculate gross Income. Add line 2 + line 3.

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Deb	tor 1	Paul G Wells	C	Case	number ( <i>if knowi</i>	7)					
					For	Debtor 1			Debtor :		
	Cop	y line 4 here	4.		\$	7,491.0	0	\$	ming 5	N/A	_
5.	List	all payroll deductions:									
-	5a.	Tax, Medicare, and Social Security deductions	5a	١.	\$	2,169.7	2	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b		<u>*</u> -	0.0	_	\$		N/A	_
	5c.	Voluntary contributions for retirement plans	5c		<b>\$</b> —	149.8	_	\$		N/A	_
	5d.	Required repayments of retirement fund loans	5d		\$	834.8		\$		N/A	_
	5e.	Insurance	5e	).	\$	336.0	_	\$		N/A	_
	5f.	Domestic support obligations	5f.		\$	0.0	_	\$		N/A	_
	5g.	Union dues	5g	١.	\$	0.0	_	\$		N/A	_
	5h.	Other deductions. Specify: ESPP	5h		\$	74.9	_	+ \$		N/A	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	3,565.3	6	\$		N/A	=
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	3,925.6		\$		N/A	_
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a	ı.	\$	0.0	0_	\$		N/A	_
	8b.	Interest and dividends	8b	).	\$	0.0	0	\$		N/A	_
	8c. 8d. 8e. 8f.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.	8c 8d 8e	l.	\$ \$ \$	0.0 0.0 0.0	0	\$ \$		N/A N/A N/A	-
		Specify:	8f.		\$	0.0	0	\$		N/A	
	8g.	Pension or retirement income	 8g	J.	\$	0.0	_	\$		N/A	_
	8h.	Other monthly income. Specify:	8h	1.+	\$_	0.0		+ \$		N/A	_
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	S	0.0	0	\$		N/A	Δ
10	Cald	culate monthly income. Add line 7 + line 9.	10.	Φ.		3,925.64 +	¢		N/A	_ &	3,925.64
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Ψ_	•	3,923.04	Ψ_		13/		3,923.04
11.	Inclu othe Do r	e all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not acify:	depe						chedule 11.		0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies							12.	\$	3,925.64
12	Do.	you expect an increase or decrease within the year after you file this form	2						L	Combine month!	ned y income
10.		No.  Vas Evolain:	•								

Official Form 106I Schedule I: Your Income page 2

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Fill i	in this information to identify your case:				
Debt	otor 1 Paul G Wells		Che	ck if this is:	
	otor 2  ouse, if filing)			An amended filing A supplement show 13 expenses as of	wing postpetition chapter
` '	ted States Bankruptcy Court for the: NORTHERN DISTRIC	T OF ILLINOIS		MM / DD / YYYY	
	· • • • • • • • • • • • • • • • • • • •	1 OF ILLINOIS		WIWI / DD / TTTT	
	nown)				
	fficial Form 106J				
	chedule J: Your Expenses				12/1
info	as complete and accurate as possible. If two married ormation. If more space is needed, attach another sha mber (if known). Answer every question.				
Part					
1.	Is this a joint case?  No. Go to line 2.				
	☐ Yes. Does Debtor 2 live in a separate household	?			
	☐ No ☐ Yes. Debtor 2 must file Official Form 106J-2	, Expenses for Separate Ho	usehold of Deb	otor 2.	
2.	Do you have dependents? ■ No				
	Do not list Debtor 1 and Debtor 2. Fill out this inforeach dependent			Dependent's age	Does dependent live with you?
	Do not state the				□ No
	dependents names.				□ Yes □ No
					☐ Yes
					□ No
					☐ Yes
					□ No □ Yes
3.	Do your expenses include expenses of people other than yourself and your dependents? □ No ■ Yes				Li Tes
Esti exp	t 2: Estimate Your Ongoing Monthly Expenses imate your expenses as of your bankruptcy filing date after the bankruptcy is filed. If this blicable date.				
the	lude expenses paid for with non-cash government as value of such assistance and have included it on Sc ficial Form 106I.)			Your exp	enses
4.	The rental or home ownership expenses for your repayments and any rent for the ground or lot.	esidence. Include first mortg	age 4. S	\$	598.00
	If not included in line 4:				
	4a. Real estate taxes		4a. \$	\$	0.00
	4b. Property, homeowner's, or renter's insurance		4b. \$	·	0.00
	4c. Home maintenance, repair, and upkeep expense		4c. \$	·	35.00
5.	<ol> <li>Homeowner's association or condominium dues</li> <li>Additional mortgage payments for your residence,</li> </ol>		4d. 5		117.00 0.00

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Deb	tor 1 Paul G Wells	Case num	ber (if known)	
6.	Utilities:			
٥.	6a. Electricity, heat, natural gas	6a.	\$	160.00
	6b. Water, sewer, garbage collection	6b.	\$	105.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	130.00
	6d. Other. Specify: Amex/HP Internet	6d.	\$	60.00
7.	Food and housekeeping supplies	7.	· · ·	450.00
8.	Childcare and children's education costs	8.	\$	0.00
9.	Clothing, laundry, and dry cleaning	9.	\$	130.00
-	Personal care products and services	10.	\$	34.00
	Medical and dental expenses	11.	·	98.00
	<b>Transportation.</b> Include gas, maintenance, bus or train fare.		·	
	Do not include car payments.	12.	\$	300.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	445.00
14.	Charitable contributions and religious donations	14.	\$	60.00
15.	Insurance.			
	Do not include insurance deducted from your pay or included in lines 4 or 20.		_	
	15a. Life insurance	15a.		0.00
	15b. Health insurance	15b.	\$	0.00
	15c. Vehicle insurance	15c.	\$	72.00
	15d. Other insurance. Specify:	15d.	\$	0.00
	<b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$	0.00
17.	Installment or lease payments:			
	17a. Car payments for Vehicle 1	17a.	·	306.25
	17b. Car payments for Vehicle 2	17b.	·	0.00
	17c. Other. Specify: Heights: Consumer Loan	17c.	\$	110.00
	17d. Other. Specify: OneMain: Consumer Loan	17d.	\$	99.00
18.	Your payments of alimony, maintenance, and support that you did not report as		\$	0.00
10	deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I). Other payments you make to support others who do not live with you.	. 10.	\$	150.00
13.		19.	Ψ	130.00
20	Specify: Debtor's girlfriend and Debtor's sons Other real property expenses not included in lines 4 or 5 of this form or on Sch		ur Incomo	
20.	20a. Mortgages on other property	20a.		0.00
	20b. Real estate taxes	20b.		0.00
	20c. Property, homeowner's, or renter's insurance	20c.	·	0.00
	20d. Maintenance, repair, and upkeep expenses	20d.	·	0.00
	20e. Homeowner's association or condominium dues	20a. 20e.	·	0.00
21		206.		200.00
۷۱.	Other: Specify: Cigarettes			200.00
22.	Calculate your monthly expenses			
	22a. Add lines 4 through 21.		\$	3,659.25
	22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 $$		\$	
	22c. Add line 22a and 22b. The result is your monthly expenses.		\$	3,659.25
23.	Calculate your monthly net income.			
	23a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	3,925.64
	23b. Copy your monthly expenses from line 22c above.	23b.	-\$	3,659.25
	23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c.	\$	266.39

## 24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

■ No.

☐ Yes.

Explain here: Until recently Debtor has provided room and board to his adult son and son's friend. He also has given an automobile and other financial gifts of either money or material items to his girlfriend.

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Fill in this infor	mation to identify your	case:			
Debtor 1	Paul G Wells				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case number (if known)					☐ Check if this is an amended filing
Official Forr		ın Individual	Debtor's Scl	hedules	12/15
If two married pe	eople are filing together	r, both are equally respor	sible for supplying corre	ect information.	
obtaining money		n connection with a bank			nent, concealing property, or , or imprisonment for up to 20
Sign	n Below				
Did you pa	y or agree to pay some	one who is NOT an attorr	ney to help you fill out ba	ankruptcy forms?	
■ No					
☐ Yes. N	Name of person				uptcy Petition Preparer's Notice, and Signature (Official Form 119)
	ilty of perjury, I declare e true and correct.	that I have read the sumr	nary and schedules filed	with this declaration	and
X /s/ Pau			X		
Paul G	Wells		Signature of D	Debtor 2	

Date

Signature of Debtor 1

Date November 6, 2017

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Filli	in this inform	nation to identify you	r case:			
Deb	tor 1	Paul G Wells				
Deb	tor 2	First Name	Middle Name	Last Name		
	ior Z ise if, filing)	First Name	Middle Name	Last Name		
Unit	ed States Bar	kruptcy Court for the:	NORTHERN DISTRICT C	OF ILLINOIS		
Cas	e number					
(if kno	_					Check if this is an amended filing
						amonada ming
<b>~</b> α		407				
	icial For				_	
Sta	tement	of Financial	Affairs for Individ	duals Filing for B	ankruptcy	4/16
					equally responsible for sup	
		ore space is needed, ). Answer every que		this form. On the top of any	additional pages, write you	ur name and case
		,				
Part			rital Status and Where You	Lived Before		
1.	What is your	current marital statu	is?			
	☐ Married					
	Not mari	ried				
2.	During the la	st 3 years, have you	lived anywhere other than	where you live now?		
	<b>=</b> N.					
	■ No □ Ves List	all of the places you l	ived in the last 3 years. Do no	ot include where you live now	,	
	L 163. LISI	all of the places you i	ived in the last 5 years. Do no	or include where you live now		
	Debtor 1 Pri	or Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
_						
					ity property state or territor co, Texas, Washington and V	
		,	,,		, ·, ·g	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	■ No					
	☐ Yes. Ma	ke sure you fill out <i>Sch</i>	nedule H: Your Codebtors (Of	ficial Form 106H).		
Part	2 Explain	n the Sources of You	r Income			
			nployment or from operatin u received from all jobs and a		ear or the two previous cale	ndar years?
			have income that you receive			
	□ No					
		in the details.				
	— 163.1 III	iii tile details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and	Sources of income Check all that apply.	Gross income (before deductions
			ondok ali tilat appiy.	exclusions)	oneon all that apply.	and exclusions)
Fror	m Januarv 1	of current year until	Wagas sammining	\$66,045.00	☐ Wages, commissions,	
		d for bankruptcy:	■ Wages, commissions, bonuses, tips	Ψ00,040.00	bonuses, tips	
			☐ Operating a business		☐ Operating a business	
			- Operating a business		- 1	

Official Form 107

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Case number (if known) Document

Debtor 1 Paul G Wells

				Debtor 1		Debtor 2	
				Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	last calen nuary 1 to	dar year: December	31, 2016 )	■ Wages, commissions, bonuses, tips	\$94,906.00	☐ Wages, commissions, bonuses, tips	
				☐ Operating a business		☐ Operating a business	
		dar year be December		■ Wages, commissions, bonuses, tips	\$81,981.00	☐ Wages, commissions, bonuses, tips	
				☐ Operating a business		☐ Operating a business	
5.	Include include and other winnings. List each s	come regard public bene f you are fil	lless of wheth fit payments; ing a joint cas he gross inco	e during this year or the two er that income is taxable. Exa pensions; rental income; inter e and you have income that y me from each source separat	amples of other income are all lest; dividends; money collect you received together, list it or	ed from lawsuits; royalties; nly once under Debtor 1.	al Security, unemployment, and gambling and lottery
				Debtor 1		Debtor 2	
				Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)
Par	t 3: List	Certain Pa	yments You	Made Before You Filed for I	Bankruptcy		
6.	□ No.	Neither Deindividual puring the No. Yes	90 days before Go to line 7 List below expaid that created to adjustment or Debtor 2 or	s debts primarily consumer ebtor 2 has primarily consupersonal, family, or household re you filed for bankruptcy, diestach creditor to whom you paireditor. Do not include payment payments to an attorney for the on 4/01/19 and every 3 years to both have primarily consure you filed for bankruptcy, diestors a primarily consurery you filed for bankruptcy, diestors and primarily consurery you filed for bankruptcy, diestors a primarily you filed for bankruptcy.	Imer debts. Consumer debts d purpose."  d you pay any creditor a total d a total of \$6,425* or more in the for domestic support obligations bankruptcy case. Is after that for cases filed on the timer debts.	of \$6,425* or more?  n one or more payments an ations, such as child suppoor after the date of adjustments.	nd the total amount you rt and alimony. Also, do
			•		u you pay any creditor a total	or poor or more:	
		■ No. □ Yes	Go to line 7		d a total of \$600 as mass === -	the total amount your = :-!	that araditar Danat
		⊔ Yes	include pay	each creditor to whom you paiments for domestic support of this bankruptcy case.			
	Creditor'	s Name and	d Address	Dates of payme	nt Total amount	Amount you Was th	is payment for

paid

still owe

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Del	btor 1	Paul G Wells	Document	Cas	e number (if known)		
7.	<i>Inside</i> of whi	n 1 year before you filed for bankrupers include your relatives; any general lich you are an officer, director, person iness you operate as a sole proprietor.	partners; relatives of any go in control, or owner of 20%	eneral partners; partne or more of their voting	rships of which yo securities; and ar	u are a general <mark>բ</mark> ny managing age	partner; corporation ent, including one fo
	_	No Yes. List all payments to an insider.					
	Insid	der's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for th	is payment
8.	inside Includ	n 1 year before you filed for bankruper? de payments on debts guaranteed or co		ayments or transfer a	ny property on a	ccount of a deb	t that benefited ar
		der's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for th	
	815	n Hawkins-Syron Garfield Ave. ridere, IL 61008	Various times throughout the year	\$5,000.00	\$0.00	Debtor purc Volvo for gi	hased the 1999 Ifriend's d assisted with
	Deb	tor's Sons	(Monthly) over the years	\$10,000.00	\$0.00	board only f	enses for ns. Room and or son's friend, rt. The boys do
Pai	rt 4:	Identify Legal Actions, Repossessi	ons, and Foreclosures				
9.	List al modifi	n 1 year before you filed for bankrup Il such matters, including personal injuit ications, and contract disputes.  No Yes. Fill in the details.					
		e title e number	Nature of the case	Court or agency		Status of the	case
10.	Check	n 1 year before you filed for bankrup k all that apply and fill in the details bel No. Go to line 11. Yes. Fill in the information below.		perty repossessed, fo	oreclosed, garnis	hed, attached,	seized, or levied?
	Cred	litor Name and Address	Describe the Property  Explain what happen		Date		Value of the property
11.	Withi	n 90 days before you filed for bankr	uptcy, did any creditor, in	ncluding a bank or fin	nancial institution	, set off any am	ounts from your

☐ Yes. Fill in the details.

\_\_\_\_\_

Creditor Name and Address

accounts or refuse to make a payment because you owed a debt?

Amount

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Attorneys Fees (Research and

Investigate)

The Crosby Law Firm

475 Executive Pkwy

Rockford, IL 61107

\$1,500.00

06/15/2017,

06/30/2017,

07/14/2017

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Debtor 1 **Paul G Wells** 

	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	transferred	I value of any property	Date payment or transfer was made	Amount of payment		
	The Crosby Law Firm 475 Executive Pkwy Rockford, IL 61107	Attorneys Fee	s	09/14/2017, 09/15/2017, 09/29/2017	\$1,400.00		
	The Crosby Law Firm 475 Executive Pkwy Rockford, IL 61107	Attorneys Cos	sts	09/15/2017	\$100.00		
	The Crosby Law Firm 475 Executive Pkwy Rockford, IL 61107	Attorneys Fee	s	10/13/2017, 11/01/2017	\$1,000.00		
17.	Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?  Do not include any payment or transfer that you listed on line 16.						
	No						
	Yes. Fill in the details.	December on an a		Data navenant	Amount of		
	Person Who Was Paid Address	transferred	I value of any property	Date payment or transfer was made	Amount of payment		
18.	Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.						
	No						
	☐ Yes. Fill in the details.						
	Person Who Received Transfer Address	Description and property transfe	erred p	escribe any property or ayments received or debts aid in exchange	Date transfer was made		
	Person's relationship to you			_			
19.	Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)						
	■ No □ Yes. Fill in the details.						
	Name of trust	Description and	I value of the property	transferred	Date Transfer was made		
Par	t 8: List of Certain Financial Accounts, Ir	nstruments, Safe Depo	sit Boxes, and Storage	Units			
20.	Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?						
	Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.						
	■ No						
	Yes. Fill in the details.						
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or	Last balance before closing or transfer		

Code)

moved, or

transferred

transfer

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		Document	гay
Debtor 1	Paul G Wells		9

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for secuciash, or other valuables?				ory for securities,
	No No			
	Yes. Fill in the details.			
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
22.	Have you stored property in a storage unit or	place other than your home within 1	year before you filed for bankruptcy	?
	<ul><li>No</li><li>Yes. Fill in the details.</li></ul>			
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
Par	t 9: Identify Property You Hold or Control fo	r Someone Else		
23.	Do you hold or control any property that some for someone.	eone else owns? Include any proper	ty you borrowed from, are storing fo	r, or hold in trust
	■ No			
	☐ Yes. Fill in the details.			
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
Par	t 10: Give Details About Environmental Inform	nation		
For	the purpose of Part 10, the following definition	s apply:		
	Environmental law means any federal, state, or toxic substances, wastes, or material into the regulations controlling the cleanup of these si	air, land, soil, surface water, ground	<u> </u>	
	Site means any location, facility, or property a to own, operate, or utilize it, including disposa	· ·	aw, whether you now own, operate,	or utilize it or used
	Hazardous material means anything an enviro hazardous material, pollutant, contaminant, or		waste, hazardous substance, toxic	substance,
Rep	ort all notices, releases, and proceedings that		they occurred.	
24.	Has any governmental unit notified you that you	ou may be liable or potentially liable	under or in violation of an environm	ental law?
	■ No			
	Yes. Fill in the details.			
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
25.	Have you notified any governmental unit of an	·		
	■ No			
	Yes. Fill in the details.			
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice

Page 41 of 50 Document ase number (if known) Debtor 1 Paul G Wells 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. Yes. Fill in the details. **Case Title** Nature of the case Status of the Court or agency **Case Number** Name case Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) ■ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Describe the nature of the business **Employer Identification number Business Name Address** Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. **Date Issued Address** (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Paul G Wells Paul G Wells Signature of Debtor 2 Signature of Debtor 1 Date November 6, 2017 **Date** Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person

. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-82827 Doc 1 Filed 11/30/17 Entered 11/30/17 13:18:27 Desc Main Document Page 46 of 50

B2030 (Form 2030) (12/15)

## **United States Bankruptcy Court Northern District of Illinois**

In re	Paul G Wells		Case No.	
		Debtor(s)	Chapter	13
	DISCLOSURE OF C	OMPENSATION OF ATTOR	NEY FOR DE	EBTOR(S)
(	Pursuant to 11 U.S.C. § 329(a) and Fed. Bank compensation paid to me within one year before the rendered on behalf of the debtor(s) in contour	ore the filing of the petition in bankruptcy, of	or agreed to be paid	to me, for services rendered or to
	For legal services, I have agreed to accep	ot	\$	4,000.00
		e received		4,000.00
	Balance Due		\$	0.00
2. ′	The source of the compensation paid to me w	as:		
	☐ Debtor ☐ Other (specify):	Debtor paid \$3900. Attorney waiv been added to the Chapter 13 Plar		anced the filing fee which has
3.	The source of compensation to be paid to me	is:		
	■ Debtor □ Other (specify):			
4.	■ I have not agreed to share the above-discl	osed compensation with any other person u	nless they are mem	bers and associates of my law firm.
	-		•	-
	☐ I have agreed to share the above-disclosed copy of the agreement, together with a list	t of the names of the people sharing in the c		
5.	In return for the above-disclosed fee, I have a	greed to render legal service for all aspects	of the bankruptcy c	ase, including:
	<ul><li>a. Analysis of the debtor's financial situation</li><li>b. Preparation and filing of any petition, scho</li></ul>			file a petition in bankruptcy;
(	c. Representation of the debtor at the meeting			rings thereof;
(	d. [Other provisions as needed]  Negotiations with secured cree	litors to reduce to market value; exer	mntion planning:	preparation and filing of
	reaffirmation agreements and a 522(f)(2)(A) for avoidance of lie	applications as needed; preparation a	and filing of moti	ons pursuant to 11 USC
<b>6.</b> ]	By agreement with the debtor(s), the above-dependence Representation of the debtors any other adversary proceeding	in any dischargeability actions, judici	service: ial lien avoidance	es, relief from stay actions or
	any other adversary proceeding	CERTIFICATION		
]	I certify that the foregoing is a complete state		payment to me for re	epresentation of the debtor(s) in
	ankruptcy proceeding.			•
	ovember 6, 2017	/s/ Richard Owen /		
D	Pate (1)	Richard Owen Ains Signature of Attorney		
		American Law Firr	m	
		475 Executive Parl Rockford, IL 61107		
		815-397-2006		
		oainsworth@thecr	rosbylawfirm.com	<u>n</u>
		Name of law firm		

#### **United States Bankruptcy Court** Northern District of Illinois

In re	Paul G Wells		Case No.				
		Debtor(s)	Chapter	13			
	VERIFICATION OF CREDITOR MATRIX						
		Number of C	Creditors:	24			
	The above-named Debtor(s) (our) knowledge.	hereby verifies that the list of credito	ors is true and	correct to the best of my			
Date:	November 6, 2017	/s/ Paul G Wells Paul G Wells Signature of Debtor					

A&T Auto Sales 902 Kishwaukee St. Rockford, IL 61104

Capital One Attn: Bankruptcy Po Box 30253 Salt Lake City, UT 84130

Citicards CBNA Attn: Bankruptcy Po Box 790040 Saint Louis, MO 63179

Creditors Protection Services Po Box 4115 Rockford, IL 61101

Heights Financial Corporation Attn: Bankruptcy 5301 E. State St. Rockford, IL 61108

Members Alliance Credit Union 2550 S Alpine Rd Rockford, IL 61108

MembersAlliance Credit Union 7219 Walton St. Rockford, IL 61108

Miramed Revenue Group 991 Oak Creek Dr Lombard, IL 60148

Miramed Revenue Group 991 Oak Creek Dr Lombard, IL 60148

Mutual Management Services 7177 Crimson Ridge Dr St Rockford, IL 61107

OneMain Attn: Bankruptcy 601 NW 2nd St. Evansville, IN 47708

Reilly Law Offices c/o MembersAlliance Credit Union 6801 Spring Creek Rd., 2D Rockford, IL 61114

Rockford Anesthesiologists Assoc. Attn: Bankruptcy 2202 Harlem Rd. Loves Park, IL 61111

Rockford Health Physicians Attn: Bankruptcy 2400 N. Rockton Ave. Rockford, IL 61103

Rockford Health Physicians Attn: Bankruptcy 2400 N. Rockton Ave. Rockford, IL 61103

Rockford Health System Attn: Bankruptcy 2400 N. Rockton Ave. Rockford, IL 61103

Rockford Mercantile 2502 S. Alpine Rd Rockford, IL 61108

Security Finance Sfc Centralized Bankruptcy Po Box 1893 Spartanburg, SC 29304

Security Finance 181 Security Place Spartanburg, SC 29307 Swedish American Attn: Bankruptcy 1401 E. State St. Rockford, IL 61104

Synchrony Bank/Walmart Attn: Bankruptcy Po Box 956060 Orlando, FL 32896

US Bank Attn: Bankruptcy Dept Po Box 5229 Cincinnati, OH 45201

US Bank Home Mortgage Attn: Bankruptcy PO Box 5229 Cincinnati, OH 45201

Visa National Bank/Macy's Attn: Bankruptcy Po Box 8053 Mason, OH 45040